



**2018 FALL \*\*SEMINOLE NATION OF OKLAHOMA HIGHER EDUCATION –BIA SCHOLARSHIP GRANT**

**(PLEASE PRINT ALL INFORMATION WITH BLACK OR BLUE INK ONLY)**

\_\_\_\_ NEW APPLICATION      \_\_\_\_ RENEWAL APPLICATION      \_\_\_\_ FALL \_\_\_\_ SPRING      \_\_\_\_ YEAR

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ BAND: \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BURSAR CONTACT PERSON NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOURS ENROLLED IN FOR THIS SEMESTER: \_\_\_\_\_ GPA: CUMULATIVE: \_\_\_\_\_

CLASSIFICATION: \_\_ FRESHMAN \_\_ SOPHOMORE \_\_ JUNIOR \_\_ SENIOR \_\_ MASTERS \_\_ DOCTORAL

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_ Type of Degree you expect to receive: \_\_\_\_\_

INDICATE CREDIT HOURS EARNED TO DATE: \_\_\_\_\_ YEAR AND MONTH YOU EXPECT TO GRADUATE: 20\_\_\_\_ Month: \_\_\_\_\_

\*\*\*\*\*

STUDENT CONTRACT: I hereby certify that the above information is true to the best of my knowledge and I declare that I will use any funds I receive under the Seminole Nation BIA Grant for expenses connected with attendance at the school listed above.

I also agree to furnish an **OFFICIAL TRANSCRIPT** for the previously funded term for program compliance.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* MAIL THE COMPLETED APPLICATION TO : SEMINOLE NATION HIGHER EDUCATION, P.O. BOX 464 Seminole, OK 74818**

**\*\* SCHOLARSHIPS ARE BASED ON AVAILABLE FUNDS\*\***

**\*\*SCHOLARSHIP MONIES WILL BE MAILED TO THE STUDENT'S COLLEGE/UNIVERSITY /BUSINESS/BURSAR OFFICE\*\***

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Seminole Nation Higher Education Department PO BOX 464 Seminole, OK 74818**

SEMINOLE NATION OF OKLAHOMA  
HIGHER EDUCATION STUDENT AGREEMENT

1. ALL STUDENTS ARE REQUIRED TO SUBMIT AN NEW/RENEWAL COMPLETED APPLICATION EVERY SEMESTER WITH THE REQUIRED DOCUMENTS THAT IS LISTED ON THE CHECKLIST ON **PAGE 6.**
2. ALL STUDENTS ARE REQUIRED TO SUBMIT AN OFFICIAL TRANSCRIPTS, AS ISSUE BY THE COLLEGE OR UNIVERSITY FOR EACH TERM FUNDED TO THE SEMINOLE NATION OF OKLAHOMA HIGHER EDUCATION DEPARTMENT BY THE DEADLINE: **SPRING SEMESTER (FEBRUARY 14); FALL SEMESTER (SEPTEMBER 14).**
3. ALL STUDENTS ARE REQUIRED TO CARRY CUMULATIVE **GPA of 2.50 EVERY SEMESTER** and **ENROLLED IN AT LEAST SIX CREDIT HOURS.**
4. AFTER NOTIFYING A STUDENT FOR NOT MEETING ACADEMIC REQUIREMENTS, **STUDENT WILL BE PLACED ON ACADEMIC PROBATION FOR THE TERM AND WILL NOT BE FUNDED.**
5. STUDENT'S FAILURE TO MEET ACADEMIC REQUIREMENTS SHALL RESULT IN SUSPENSION FROM THE SCHOLARSHIP PROGRAM.
6. STUDENT'S SUSPENDED FROM THE SCHOLARSHIP PROGRM SHALL NOT BE CONSIDERED FOR FUTURE FUNDING UNTIL THEY HAVE A CUMULATIVE GPA OF 2.50
7. STUDENT WILL SUBMIT AN ENROLLMENT SCHEDULE WITH STUDENT NAME, SCHOOL NAME AND CREDIT HOURS LISTED.
8. STUDENT WILL SUBMIT A SIGNED VERTIFICATION OF ENROLLMENT WITH SCHOOL SEAL FROM EACH SCHOOL ENROLLED WITH FOR THE SEMESTER.
9. STUDENT WILL SUBMIT AN RECIPIENT OF AUTHORIZED DISCLOSURE (THIRD PARTY DESIGNEE)

**SEMINOLE NATION HIGHER EDUCATION**  
**P.O BOX 464**  
**Seminole, OK 74818**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

**I hereby authorize the Seminole Nation of Oklahoma Higher Education Department to release my information to the following individual(s):**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

### **STATEMENT ON PRIVACY: (Allows Higher Education to send records and forms to colleges)**

The Seminole Nation of Oklahoma Higher Education program operates the general authority of 25 USC 1:41 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 40, Administration on Education Loan, Grants and other assistance for Higher Education. In accordance with accountability require for the administration of the funds appropriated for the program are in order to provide service to recipients, and to declare eligibility certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of the collecting and maintain this data on individual is for determining eligibility for the applicant and to provide the means for producing certain statistical records required by this office, specifically, the release of term grades and official transcripts to the Seminole Nation Higher Education Department. Failure on the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education assistance under this program.

**I have read the statement of privacy with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I understand that I must furnish an official transcript with the grades and GPA listed for the previous funded term for compliance before the next term award is process.**

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEMINOLE NATION OF OKLAHOMA BIA EDUCATION SCHOLARSHIP AWARD**  
**SEMINOLE NATION HIGHER EDUCATION OFFICE**  
**P.O. BOX 464**  
**Seminole, OK 74818**  
**405-716-6040**

**VERIFICATION OF ENROLLMENT (VOE)**

A **VERIFICATION OF ENROLLMENT** signed by the registrar and stamped with the **SCHOOL SEAL** and an **OFFICIAL TRANSCRIPT** with grades from the last semester funded by the Seminole Nation Higher Education Office must be received in this office on or before **(FALL-SEPTEMBER 14)** ; **(SPRING- FEBRUARY 14)** before the Seminole Nation BIA Education Scholarship award will be processed.

**FAXES, COPIES or E-MAILS OF THESE DOCUMENTS ARE NOT ACCEPTED.**

STUDENT NAME: \_\_\_\_\_ **STUDENT ID/SSN:** \_\_\_\_\_

Is currently enrolled for \_\_\_\_ **FALL SEMESTER YEAR** \_\_\_\_      \_\_\_\_ **SPRING SEMESTER YEAR** \_\_\_\_

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY:

School Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#####

Student is:

(A) \_\_\_\_ **HALF-TIME STUDENT** – enrolled in \_\_\_\_ **Hours.**

(B) \_\_\_\_ **FULL-TIME STUDENT** – enrolled in \_\_\_\_ **Hours.**

I certify that the information provided is accurate according to our admission records.

\_\_\_\_\_  
**(Signature of Registrar/Admission)**

\_\_\_\_\_  
**(Date Signed)**

**THIS FORM MUST BE STAMPED WITH THE SCHOOL SEAL**

**Recipient of Authorized Disclosure (Third Party Designee)**

**Student Information-** I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy act of 1974, as amended ("FERPA") to release any personal identifiable information from my education and financial records.

\_\_\_\_\_  
Name (Last, First, Middle Initial) PLEASE PRINT LEGIBLY

\_\_\_\_\_  
STUDENT ID NUMBER

\_\_\_\_\_  
Current Address (Street/PO, APT, City, State & Zip)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_ I am current student at \_\_\_\_\_ and hereby authorize the release of the information specified below for the period of time indicated, unless revoked by me in writing.

**Recipient of Authorized Disclosure (Third Party Designee)**

Clara Keawphalouk, Director, Seminole Nation Higher Education  
Name of Person or Organization

405-716-6040  
Contact Number

Scholarship Officer  
Relation to student

[keawphalouk.c@sno-nsn.gov](mailto:keawphalouk.c@sno-nsn.gov)  
Email address

I AUTHORIZE RELEASE OF THE FOLLOWING INFORMATION (check one or more of the boxes to grant authorization)

- ☐ Financial award awards, disbursements, and/or financial aid satisfactory academic progress
- ☐ Request official transcripts to be sent Seminole Nation Higher Education Department P.O. Box 464 Seminole, OK 74818
- ☐ Grades, /GPA, registration, academic progress status, admissions and enrollment information
- ☐ All of the educational records listed above.

**Certification**

Please note that you may specify the date this release is to end, or you may rescind the release at any time. It will otherwise remain in effect until you are no longer an active student at \_\_\_\_\_

\_\_\_\_\_  
Name of College/University

**This authorization is to be effect:**      Until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date: mm/dd/yyyy)

By signing below, I certify that I willingly allow my school \_\_\_\_\_ to release information from my education records as specified. This authorization remains in effect as specified or until I revoke this authorization by notifying my school \_\_\_\_\_ in writing. This request supersedes previous authorizations for the authorized person or organization. THIS FORM MUST BE PROVIDED IN PERSON BY THE STUDENT.

**Student's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note: Student will submit a signed copy of this form with their scholarship application**



**SEMINOLE NATION OF OKLAHOMA**  
**HIGHER EDUCATION DEPARTMENT P.O. BOX 464 SEMINOLE, OK 74818**

**CHECKLIST OF REQUIRED DOCUMENTS**

**\*\*INITIAL\*\* EACH LINE FOR EACH DOCUMENT THAT YOU ARE SUBMITTING**

\_\_\_\_ NEW APPLICATION/RENEWAL APPLICATION – **Pages 1-6**

\_\_\_\_ COPY OF SEMINOLE NATION MEMBERSHIP CARD (updated) \* if your card has MINOR it has to be  
UPDATED at the Enrollment office)

\_\_\_\_ CDIB

\_\_\_\_ OFFICIAL HIGH SCHOOL TRANSCRIPT \_\_\_\_GED CERTIFICATE \_\_\_\_OFFICIAL COLLEGE TRANSCRIPT

\_\_\_\_ HIGHER EDUCATION STUDENT AGREEMENT \* **Page 2**

\_\_\_\_ AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT \* **Page3**

\_\_\_\_ BIA VERIFICATION OF ENROLLMENT (VOE) with SCHOOL SEAL \* **Page 4**

\_\_\_\_ ENROLLMENT SCHEDULE WITH STUDENT NAME, SCHOOL NAME, and CREDIT HOURS LISTED

\_\_\_\_ RECIPIENT OF AUTHORIZED DISCLOSURE (Third Party Designee) \* **Page 5**

- **\*No monies will be released until all required documents is on file with the Seminole Nation Higher Education Department, and if funds are available\***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **ATTENTION**

- **Completed scholarship applications must be received no later than 5:00 p.m. (CST) in the Seminole Nation Higher Education office.**